

P/2000084499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

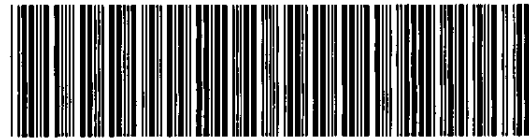
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV (SHARES)  
TO READ "1"; ALSO CORRECTED  
ARTICLE VII (INCORPORATOR)  
BY ADDING "LUIS ESPINOZA",  
PER TELEPHONE CONVERSATION  
WITH LUIS ESPINOZA.

Office Use Only

10/05/12



600240337006

10/04/12--01030--001 \*\*78.75

FILED  
12 OCT -4 AM 11:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

10/05/12

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: L ESPINOZA PAINTING & CLEANING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: LUIS ESPINOZA  
Name (Printed or typed)

890 NW 39TH STREET APT#3  
Address

OAKLAND PARK, FL 33309  
City, State & Zip

754-204-7519  
Daytime Telephone number

• procpaint007@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **L ESPINOZA PAINTING & CLEANING, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**890 NW 39TH STREET APT#3**  
**OAKLAND PARK, FL 33309**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PAINTING AND CLEANING**

**ARTICLE IV SHARES**

The number of shares of stock is **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **LUIS ESPINOZA, PRESIDENT**  
Address: **890 NW 39TH STREET APT#3**  
**OAKLAND PARK, FL 33309**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **LUIS ESPINOZA**  
Address: **890 NW 39TH STREET APT#3**  
**OAKLAND PARK, FL 33309**


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **LUIS ESPINOZA**  
Address: **890 NW 39TH STREET APT#3**  
**OAKLAND PARK, FL 33309**

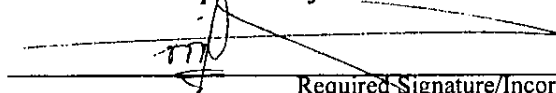
RECEIVED  
12 OCT -4 AM 11:51  
TALLAHASSEE, FLORIDA

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10-01-12  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

10-01-12  
Date